





2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90015 034 ****61.25

DOCUMENT # N03000009656 1. Entity Name PORTOFINO TOWER FOUR HOMEOWNERS ASSOCIATION AT PENSACOLA BEACH, INC.					
Principal Place of Business TEN PORTOFINO DRIVE PENSACOLA BEACH, FL 32561			Mailing Address TEN PORTOFINO DRIVE PENSACOLA BEACH, FL 32561		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02072007 Chg-NP CR2E037 (12/06)	
Zip Country		Zip Country		4. FEI Number 20-4263183	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CAMPBELL, JAMES S 501 COMMENDENCIA ST. PENSACOLA BCH, FL 32502			7. Name and Address of New Registered Agent Name RAYMOND F. NEWMAN JR. Street Address (P.O. Box Number is Not Acceptable) 348 MIRACLE STRIP PKWY SUITE 7 FORT WALTON BEACH FL 32548		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		RAYMOND F. NEWMAN, JR.		2-14-07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RINKE, ROBERT TEN PORTOFINO DRIVE PENSACOLA BEACH, FL 32561	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANNA B. NEAL 18446 E. VILLAGE WAY DRIVE BATON ROUGE, LA 70810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LEVIN, ALLEN R TEN PORTOFINO DRIVE PENSACOLA BEACH, FL 32561	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT RON WILLIAMS FOUR PORTOFINO DRIVE - 1404 PENSACOLA BEACH, FL 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVIN, TERI TEN PORTOFINO DRIVE PENSACOLA BEACH, FL 32561	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JIM COX 229 SABINE DR. PENSACOLA BEACH, FL 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DENNIS MCCORMICK 8421 HUNTERS HORN GERMANTOWN, TN 38138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOE KRACHECK FOUR PORTOFINO DRIVE - 1004 PENSACOLA BEACH, FL 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SCOTT AMBROSE 5985 SHY DRIVE FRISCO, TX. 75034	<input checked="" type="checkbox"/> Addition <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PAT DELONG 642 SOUTHERN WAY SPANISH FORT, AL. 36527	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		26 14, 2007		850-7772414	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	